differences were found in the tolerability of BTFC and LTFC in the clinical study. National unit costs were applied. The time horizon of the model was 3 months. Sensitivity analyses were performed to test the results responsiveness to changes in key input parameters. **RESULTS:** Significantly more BTFC patients experienced >15% and >20% reduction in IOP compared to LTFC (p = 0.003, $P < 0.001$). Furthermore, 3-month health care costs for patients treated with BTFC were lower or comparable to those of LTFC in the 10 studied countries. Results were largely insensitive to changes in key parameters. The cost-effectiveness analyses revealed that BTFC was less costly and more effective than LTFC in 8 out of the 10 studied countries (Spain, Italy, Germany, UK, The Netherlands, Norway, Sweden and Denmark) and more effective at equal health care costs in France and Finland. Therefore, BTFC was a dominating treatment strategy in all countries. **CONCLUSIONS:** BTFC is an effective treatment strategy in terms of lowering IOP and is a cost-effective treatment strategy for patients with glaucoma.

PSS14

PHARMACOECONOMICS OF INNOVATIVE MEDICINES FOR TREATMENT OF PSORIASIS IN UKRAINE

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OBJECTIVES: The objective of this study is to determine the daily and yearly cost per treatment of innovative biological preparations. In Ukraine live 46 millions inhabitans and the appearance of psoriasis is approximately 2%, 920,000 psoriasis patients. It is supposed that at 15–20% appearance of middle and severe of psoriasis there are 138,000–184,000 patients in Ukraine with degree of the illness. Adult patients with moderate to severe plaque form of psoriasis who have not clinical responce for other systematic therapies, including cyclosporine, metotrexate and PUVA, or when patients are contraindicated for these therapies or are intolerant of them. **METHODS:** Only direct medical cost were calculated from Ukrainian database "Compendium" on 01.05.2010. Annual treatment costs were calculated based on recommended dosesd as per Ukrainian Guidelines from 2007. The costs are presented using third-party payer's perspective, i.e. direct cost to the health system is only considered. In the analysis there were three strategies of treatment compared: infliximab, adalimumab and ustekinumab. We used the clinical data of infliximab, adalimumab, ustekinumab from published clinical trials (IMPACT, ADEPT, PHOENIX 1). The cost-effectiveness analysis from the payer perspective was conducted. **RESULTS:** The costs for first year of therapy of infliximab per patient with PASI 75 response are 221998,4 UAH (1 USD = 7.92 UAH), of adalimumab—815443,2 UAH, and of ustekinumab –235224,0 UAH. In model the cost-effectiveness ratios (average cost per one unit PASI 75response) amounted to US$454 for infliximab, US$1745—adalimumab, US$362—ustekinumab. **CONCLUSIONS:** The cost-effectiveness analysis shows that ustekinumab is more cost-effective vs. other innovative biologics for severe psoriasis treatment in Ukraine.

PSS15

COST-EFFECTIVENESS OF USTEKINUMAB VS. INFLIXIMAB FOR SEVERE PSORIASIS

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OBJECTIVES: To evaluate cost-effectiveness of ustekinumab vs. infliximab for severe psoriasis in Russia. **METHODS:** Cost-effectiveness analysis was performed. The evidence of efficacy and safety of biologic agents was analyzed. Incremental cost-effectiveness ratio (ICER) was calculated for both biologic agent vs. placebo. Drug costs were taken into account. Achievement of PASI 75 was considered to be expected outcome, data about efficacy was extracted from clinical trials. **RESULTS:** There were no trials with direct comparison of ustekinumab and infliximab. Data from separate trials showed that efficacy of ustekinumab was a little lower than infliximab at 10–12th and 24–28th weeks of treatment. On the contrary at 50–52th week of therapy ustekinumab becomes a little more effective than infliximab. Both biologic agents were generally well tolerated in most patients. Calculation of expected costs showed that ustekinumab was cheaper than infliximab if similar periods of follow-up are analyzed. At 10–12th weeks of therapy ICER for ustekinumab vs. placebo was a little higher than ICER for infliximab vs. placebo. At 24–28th and 50–52th weeks of therapy ICER vs. placebo was lower for ustekinumab. **CONCLUSIONS:** Ustekinumab is an appropriate alternative to infliximab for patients with severe psoriasis.

PSS16

ECONOMIC EVALUATION OF A 100% WHEY-BASED, PARTIALLY HYDROLYZED INFANT FORMULA IN THE PREVENTION OF ATOPIC DERMATITIS AMONG FRENCH CHILDREN

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OBJECTIVES: A pharmacoeconomic analysis was performed to determine costs, consequences and cost-effectiveness of a specific brand of partially hydrolyzed 100% whey formula manufactured by Nestlé (PHF-W), in the prevention of atopic dermatitis (AD) in "at risk" children when compared to standard cow milk formula (CMF) in France. **METHODS:** An economic model depicting treatment pathways, resource utilization and costs associated with the treatment of AD in healthy "at risk" French newborns who were not exclusively breastfed was constructed for a 12-month time horizon, including an initial six months of formula consumption. Model inputs were based on the literature, official formularies and expert opinion, including outcomes from a meta-analysis. The treatment pathways included a dietary management approach, a medical treatment approach and a combination thereof. The final outcome was the expected cost per avoided case of AD, yielding an incremental cost per avoided case (ICER) of AD for PHF-W vs. CMF. Outcomes were presented from three perspectives: the French Ministry of Health (MOH), the subject's family and society (SOC). a secondary analysis compared PHF-W to extensively hydrolyzed formula (EHF) in prevention. **RESULTS:** A total of 11,291 AD cases were expected to be avoided by selecting PHF-W over CMF in a birth cohort of 156,649 at risk infants. The base-case analyses yielded expected ICERs of €2684, -€1474 (savings) and €1210 from the MOH, family and SOC perspectives, respectively. Cost drivers were the formula from the MOH perspectives, time loss from the family perspective, and formula but also to a lesser extent time loss from the SOC perspective. PHF-W yielded approximately 81M€ savings against EHF in the secondary analysis. One-way and probabilistic sensitivity analyses confirmed the robustness of the model. **CONCLUSIONS:** Under a range of assumptions, this analysis has established the cost-effectiveness of PHF-W in the prevention of AD among French infants.

PSS17

ECONOMIC EVALUATION OF A 100%-WHEY BASED PARTIALLY HYDROLYZED FORMULA IN THE PREVENTION OF ATOPIC DERMATITIS AMONG DANISH CHILDREN: PRELIMINARY ANALYSES

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OBJECTIVES: A pharmacoeconomic analysis was undertaken to determine costs, consequences and cost-effectiveness of a brand of partially hydrolyzed 100% whey formula manufactured by Nestlé (PHF-W), in the prevention of atopic dermatitis (AD) in "at risk" children when compared to extensively hydrolyzed formula (EHF-Whey or Casein) in Denmark. **METHODS:** Based on a 6-month time horizon for formula consumption, an economic model was developed synthesizing treatment pathways, resource utilization and costs associated with the treatment of AD in healthy "at risk" Danish newborns who were not exclusively breastfed. The cost of formula was retrieved from market surveys while other model inputs were obtained from the literature. a meta-analysis of 6 studies that compared the efficacy of PHF-W (557 patients) and EHF (559 and 580 patients for EHF-Whey and EHF-Casein) yielded RR of 0.75[0.54,1.05] at 0–12 months and 0.80[0.63,1.02] at 0–36 months for PHF-W vs. EHF-Whey and RR of 1.06[0.74,1.53] at 0–12 months and 1.13[0.87,1.47] at 0–36 months for PHF-W vs. EHF-Casein. Given the evidence for non-significant differences between PHF-W and EHF, the analytic approach amounted to a cost-minimization analysis reporting the difference in formula acquisition costs. In the base case, it was assumed that infants consumed the formula of choice for the full 6 months. In a sensitivity analysis, subjects consuming PHF, EHF-Whey or EHF-Casein who developed AD symptoms were switched to EHF-Whey, EHF-Casein or EHF-Whey, respectively. **RESULTS:** Savings per child receiving formula of DKK 17,033 were generated for PHF-W vs. EHF-Whey while savings of DKK 16,974 were observed for PHF-W vs. EHF-Casein. The sensitivity analysis yielded a cost saving of DKK 16,800 with PHF-W. **CONCLUSIONS:** Under a range of assumptions, this analysis demonstrated the cost-saving nature of PHF-W vs. both types of EHF in the prevention of AD among Danish infants. Further sensitivity analyses, including multivariate, are planned for confirmation of results.

PSS18

ECONOMIC EVALUATION OF A 100% WHEY-BASED, PARTIALLY HYDROLYZED INFANT FORMULA IN THE PREVENTION OF ATOPIC DERMATITIS AMONG SPANISH CHILDREN

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OBJECTIVES: A pharmacoeconomic analysis was undertaken to determine costs, consequences and cost-effectiveness of a specific brand of partially hydrolyzed 100% whey formula manufactured by Nestlé (PHF-W), in the prevention of atopic dermatitis (AD) in "at risk" children when compared to standard cow milk formula (CMF) in Spain. **METHODS:** Based on a 12-month time horizon (including 6 months of formula consumption), an economic model was developed synthesizing treatment pathways, resource utilization and costs associated with the treatment of AD in healthy "at risk" Spanish newborns who were not exclusively breastfed. Model inputs were retrieved from the literature, official formularies and expert opinion, including outcomes from a meta-analysis. The treatment pathways considered a dietary management approach, a medical treatment approach and a combination thereof. The final outcome was the expected cost per avoided case of AD, yielding an incremental cost per avoided case (ICER) of AD for PHF-W vs. CMF. Outcomes were presented from three perspectives: the Spanish Ministry of Health (MOH), the subject's family and society (SOC). a secondary analysis compared PHF-W to extensively hydrolyzed formula (EHF) in